Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	03-05-2008	Address:	Tabertown n/o Moyer
Case #:	<u>32-28280</u>		Terre Haute, IN
County:	Vieo		<u>47802</u>
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☑ Open – No Structure ☐ Other:
Items Found; Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Animonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammabic Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: <u>Ditch</u>			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
☐ Yes _ ⊠ No _	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e Information c/Pseudoephedrine Tracking Log erchant Tip —
This report is to be faxed to the following agencies that serve the location:			
Fire Departs	ment: Riley VFD	1/ax: 812-894-3610	
Health Dep	artment: Vigo County	Fax: <u>812-2</u> Fax: <u>N/A</u>	<u>34-1010</u>
Child Prote	ction Service: N/A		
For further information regarding this methamphotamine laboratory, contact Investigating Officer: <u>Ritch A. Reynolds</u> Phone (812)299-1153			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for recention.